

JONATHAN E. FIELDING, M.D., M.P.H. Director and Health Officer

JONATHAN E. FREEDMAN Chief Deputy Director

Substance Abuse Prevention and Control

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March 15, 2010

TO:

Each Health Deputy

FROM:

John Viernes, Jr.

SUBJECT:

PERFORMANCE-BASED SUBSTANCE ABUSE SERVICES

This is to provide you with a status report on efforts to develop performance-based improvements to substance abuse services.

As you may recall, over the past number of years, Substance Abuse Prevention and Control (SAPC) has developed a number of projects and activities to enhance the quality and effectiveness of substance abuse services. These include the Los Angeles County Evaluation System: An Outcomes Reporting Program project, and implementation of programs using Network for the Improvement of Addition Treatment service models. In line with that direction, SAPC has recently shared the attached performances concepts with providers with the goal of improving substance abuse services.

By expanding the use of performance-based approaches, SAPC and partner agencies will be able to improve service quality and client outcomes, and maximize investments of limited resources. These proposed performance-based benchmarks are aligned with accepted practices in the substance abuse prevention and treatment field. SAPC is working with the Integrated Substance Abuse Program at UCLA to ensure there is evidence and data to support each concept. SAPC's goal, working closely with providers, is to incorporate these improvements where possible within existing contracts, and include them in new substance abuse contracts in the future derived via the coming re-solicitation processes.

To better acquaint you with the plan moving forward, I will be contacting you to talk about these performance-based approaches.

If you have any questions or need additional information, please let me know.

JV:bl

H://PDTA/COMMON/PERFORMANCE -BASED_HD MEMO_031510.DOC

Attachment

C:

Jonathan E. Fielding, MD, MPH Jonathan E. Freedman Shella Shima Richard Mason Patricia Gibson Maxanne Hatch Doraine Meyer Tami Omoto-Frias



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March 3, 2010

TO:

Executive Directors and Program Directors

FROM:

John Viemes Jr.

SUBJECT:

PERFORMANCE BENCHMARKS IN NEXT YEAR'S CONTRACTS

This is to inform you that as a result of the data collection and analysis efforts of the Los Angeles County Evaluation System (LACES) project, the following "benchmarks" are being considered to be included in Los Angeles County Department of Public Health Substance Abuse Prevention and Control's (SAPC) contractual language for future treatment service contracts. "Benchmarks" represent the expectation for the types of services delivered and the number of service units delivered to clients over a specified time period of treatment involvement.

Prior to implementing these benchmarks, I am asking for discussion on these items so that all providers can be informed and can comment on these changes in future year contracts. Suggested Benchmarks for programs contracting with the SAPC include:

- That a client must have had an addiction assessment and treatment plan completed after being admitted to a treatment program within 30 days of admission.
- That early treatment dropout (prior to 30 days) rates should be less than 25 percent of total admissions over the course of 12 months.
- That a drug test shall be required of any client in treatment as part of the assessment and a random drug test at a minimum of 30 day intervals.
- 4. That providers provide a minimum of four (4) individual sessions (including the assessment and treatment planning sessions) and eight (8) group sessions during the first thirty (30) days of treatment.
- That a client will have access to medication assisted therapy (MAT) by choice and as appropriate. The MAT may be provided through either direct delivery (in-house availability) or by Memorandum Of Understanding with a medical practitioner.
- That a client will have access to continuing care services once h/she has completed h/her treatment plan to promote ongoing progress.



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7. That a client has access to treatment with the most current evidence-based practices (EBP) that meets the needs of the assessment and treatment plan

As SAPC moves forward in purchasing services, we are aware of the County's need to purchase services that improve efficiencies and lead to better outcomes for participants with substance use disorders. These items identified above are up for discussion and consideration at this time and SAPC welcomes the input and suggestions of providers to ensure that all parties are included as we move forward with these critical changes to the treatment system. Three (3) of the six (6) items above are from the LACES project findings and I believe can enhance process outcome improvement measures.

While the results are different from Cohort I and Cohort II, keep in mind that although the findings are from only a minority (n=27) contract providers in Los Angeles County, however, these agencies represent our most visible programs. Other key items for consideration by SAPC as changes in the field occur include: providing MAT; increasing fidelity to EBP; and continuing care to sustain recovery. As these matters are discussed, it is my hope that the best care for our clients is considered as we work with those who struggle with substance use disorders. With direct discussion, I hope we can come to a consensus for providing the best services possible.

This is an exciting time in our field with discussions occurring on a daily basis from parity, licensure of addiction counselors, Medi-Cal Waiver, to health care reform. These discussions will lead to changes that will affect all of us in the near future. I look forward to the coming weeks for the discussions to take place in meetings that are currently scheduled. We will begin the discussions with Cohort II of the LACES project at SAPC. Your comments and suggestions are always welcomed.

In the meantime, if you have any questions or need additional information, please let me know.

JV:jv H/PDTA/COMMON/PERFORMANCE REQUIREMENTS_MEMO_030310

cc: Jonathan E. Fielding, M.D., M.P.H. Jonathan E. Freedman